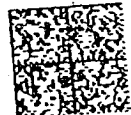


SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. BOX 120601  
AUSTIN, TEXAS 78711-2060

OFFICIAL BUSINESS  
STATE OF TEXAS  
STATE PENALTY  
FOR PRIVATE USE  
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HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

PARCEL POST

MAR 29 2007 04:10:57



TX\_00002266  
JA\_005025

TX\_00002266

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us)

### Qualifications

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.

Y  
M  
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Y  
236297583

felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

### Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement  
Are you a United States Citizen? ☒ Yes ☐ No

Are you 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fold on line and seal before mailing

Last Name <u>Williams</u>	First Name <u>Laverne</u>	Middle Name (If any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rte.) <u>2519 Dashwood Dr. Apt 24, Houston TX</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr. Apt 24, Houston TX</u>			
Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I • am a resident of this county; • have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and • have not been declared mentally incompetent by final judgment of a court of law.	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		030107 Date	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant <u>Laverne Williams</u>	
City and County of Former Residence in Texas <u>EL PASO</u>			

Toll Free:

Si necesita asistencia  
llame gratis al:1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

02 MAR. 2007 PM 2 T

NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE

(CITY)

Houston

TX

(ZIP CODE)

7700477253**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

**Identification Requirement**

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

## TEXAS Voter Registration Application

www.sos.state.tx.us

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989.

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.



236308571

Completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoIf you be 18 years of age on or are election day? ☒ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county or a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>LISA</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr Houston, Texas 77024</u>			
Mailing Address: Address, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr Houston, Texas 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal ID. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		Date <u>02-28-07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. <u>X Jader Chand Johnson</u>	
City and County of Former Residence in Texas <u>EL Paso</u>			



For Assistance Call  
Office of the Secretary of State  
Toll Free:  
Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

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IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS

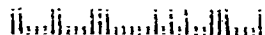
COUNTY COURTHOUSE

(CITY)

Houston

TX

770



Fold on dotted line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.


**Identification Requirement**

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No u checked "No" in response to either of these questions, do not complete form. se see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only <b>6137623-2</b> <b>Harris 780</b>	
(Circle one) Mr. Mrs. Miss Ms.	Last Name <b>Williams</b>	First Name <b>Michael</b>	Middle Name(s)
Home Address <b>2519 Dashwood Dr.</b>		Apt. or Lot # <b>24</b>	City/Town <b>Houston</b>
Address Where You Get Your Mail If Different From Above		State <b>Texas</b>	Zip Code <b>77054</b>
Date of Birth <b>11 11 1976</b>	Telephone Number (optional)	ID Number - (See item 6 in the instructions for your state)	
Choice of Party (See item 7 in the instructions for your State) <b>Democrat</b>	Race or Ethnic Group (see item 8 in the instructions for your State) <b>Black</b>		
I have reviewed my state's instructions and I swear/affirm that:  236524980		Please sign full name (or put mark) <b>Michael Williams</b> Date: <b>03 / 13 / 2007</b> Month Day Year	

you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

**Please fill out the sections below if they apply to you.**

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
---	-------------------	-----------	------------	----------------	---------------------------------

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
---	----------------------------------	---------------	------------------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑
Example: Route #2 Grocery Store Woodchuck Road Public School • X		

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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**Mail this application to the address provided for your State.**

JA\_005030

Revised 10/29/2003

TX\_00002271

SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. BOX 12060  
AUSTIN, TEXAS 78711-2060

OFFICIAL BUSINESS  
STATE OF TEXAS  
STATE PENALTY  
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MAILED FROM ZIP CODE 78701

HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

PARCEL POST

MAR 29 2007 AM 10:57



TX\_00002272  
JA\_005031



Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us

### Qualifications

- You must register to vote in the county in which you reside

You are a resident of the United States

Y 

Y 236498429

- You are not a felon, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

### Complete These Questions Before Proceeding

Check one: ☐ New ☐ Change ☒ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

Are you 18 years of age on or before election day? ☒ Yes ☐ No

If checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☐ Yes ☒ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fold on line and seal before mailing

Last Name <u>Williams</u>	First Name <u>Paul</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Drive, Houston, TX 77024</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr., Houston, TX 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety). If none, give last 4 digits of your Social Security Number		I affirm that I: - am a resident of this county; - have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and - have not been declared mentally incompetent by final judgment of a court of law.	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		Date <u>12/28/07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant <u>FL Pasa</u>	
City and County of Former Residence in Texas		Signed by Witness and Date.	



Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

HOUSTON TX 77001  
EL PASO TX 79901

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IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS

COUNTY COURTHOUSE

(CITY) 7300 W. Highway (ZIP CODE)

Houston TX Texas 77011

Fold on this and seal before mailing

## General Information

- Your voter registration is valid for a maximum of 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

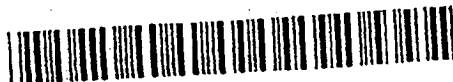
Este formulario está disponible en Español. Favor de llamar sin cargo a la oficina del Secretario de Estado al 1-800-252-8683 para conseguir una versión en Español.

**TEXAS VOTER REGISTRATION APPLICATION**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

**Qualifications**

- You must register to vote in the county in which you reside.



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- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR 1 / 06E p61

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ NoAre you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams | Phyllis

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

2579 Danshwood DR Apt 24 Houston, TX 77

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

03.30.17  
X Phyllis Williams Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free. Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

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UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston .TX 770

77253

Fold on line and seal before mailing

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

### Identification Requirement

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

## Texas Voter Registration Application

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683). TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

### Qualifications

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.

Y  
n  
y



Y 236306083

felony, or if you have ever been  
completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

this form. Please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

### Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

you be 18 years of age on or  
re election day? ☒ Yes ☐ No

if checked "no" in response to either of these ques-  
s do not complete this form.

have you ever voted in this county  
a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fold on line and seal before mailing

Last Name

Williams

First Name

Phyllis

Middle Name (if any)

Former Name

Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural R.)

2519 Dashwood Dr, Houston, Texas 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence

2519 Dashwood Dr, Houston, Texas 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

TX Driver's License No. or Personal ID No.

(Issued by the Department of Public Safety). If none, give last 4 digits of your Social Security Number

☒ Check if you do not have a social security, driver's license, or personal identification number

Telephone Number, Include Area Code (Optional)

City and County of Former Residence In Texas

EL Paso

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Jader Chonel Johnson  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.  
02/28/07  
Date



For assistance call  
Office of the Secretary of State  
Toll Free.  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE

(CITY)

(ZIP CODE)

Houston TX 77024

Fold on line and seal before mailing.

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
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**Identification Requirement**

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una versión en Español.

# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? ☒ Yes ☐ No  
 Are you 18 years old on or before election day? ☒ Yes ☐ No  
 If you checked "No" in response to either of these questions, do not complete form.  
 Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)

This space for office use only.

6137500-0  
78 Harris

(Circle one) Mr. Mrs. Miss Ms.	Last Name WILLIAMS	First Name SHANTECE	Middle Name(s)	(Circle one) Jr Sr II III IV
Home Address 2519 Dashwood DR		Apt. or Lot # 24	City/Town Houston	State Texas
Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code 77024
Date of Birth 03/03/82	Telephone Number (optional)	ID Number - (See item 6 in the instructions for your state)		
Choice of Party (see item 7 in the instructions for your state) Democrat	Race or Ethnic Group (see item 8 in the instructions for your state) Black			

I have reviewed my state's instructions and I swear/affirm that:



236525131

by  
false  
ates.

Shantece Williams

Please sign full name (or put mark)

Date: 03/13/2007  
Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
---	----------------------------------	---------------	------------------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<p>Write in the names of the crossroads (or streets) nearest to where you live.</p> <p>Draw an X to show where you live.</p> <p>Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</p>	<p>Example</p> <p>Route #2</p> <p>Grocery Store</p> <p>Woodchuck Road</p> <p>Public School</p> <p>X</p>	<p>NORTH ↑</p>
---	--	---	----------------

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
---	--

Mail this application to the address provided for your State.

TX 0002279  
JA 005038

SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. BOX 12060  
AUSTIN, TEXAS 78711-2060

OFFICIAL BUSINESS  
STATE OF TEXAS  
STATE PENALTY  
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HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

PRIORITY MAIL

MAR 29 2007 06:10:57



TX\_00002280  
JA\_005039

TX\_00002280

this form. Please pass it on to someone who could use it.

Presented by the Office of the Secretary of State

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

- ### Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☐ Yes ☐ No

Are you at least 18 years of age on or before election day? ☐ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county  
for a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural R.L.) 3210 N 18th St, Phoenix, AZ 85016

Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.
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I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felony I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgement of a court of law.

122807

judgment of a court of law. 022807  
**X** Jabore, Chinel Johnson Date:  
 Signature of Applicant or Agent and Relationship to Applicant  
 or Printed Name of Applicant if Signed by Witness and Date.

City and County of Former Residence In Texas

TX 00002281



For Assistance Call  
Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

26 FEB 2007 PM 1 T

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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

Houston TX 77001



Fold on line and seal before mailing.

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these numbers, then you must indicate

### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

**TEXAS VOTER Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800 735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States



236308624

felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

this form. Please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

FORM RP-01 (1-08)

For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

If you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked 'no' in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Last Name <u>Williams</u>		First Name <u>Shelita</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural R.) <u>2519 Dashwood Dr, Houston, TX. 77024</u>				
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr, Houston, TX. 77024</u>				
Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number				
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number				
Telephone Number, Include Area Code (Optional)				
City and County of Former Residence in Texas <u>EL Paso</u>				
<p>I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.</p> <p>I affirm that I</p> <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul> <p><u>X</u> <u>Chanel Johnson</u> <u>12-28-07</u> Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.</p>				



# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? ☒ Yes ☐ No  
 Are you 18 years old on or before election day? ☒ Yes ☐ No  
 If you checked "No" in response to either of these questions, do not complete form.  
 (See state-specific instructions for rules regarding eligibility to register prior to age 18.)

This space for office use only.

6137532-5  
78 Harris

(Circle one) Mr. Mrs. Miss Ms.	Last Name <b>Williams</b>	First Name <b>Shelita</b>	Middle Name(s)	(Circle one) Jr Sr II III IV
Home Address <b>2519 Dashwood Dr</b>		Apt. or Lot # <b>24</b>	City/Town <b>Houston</b>	State <b>Texas</b>
Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code <b>77024</b>
Date of Birth <b>4/15/86</b>	5	Telephone Number (optional)	6	
Choice of Party (see item 7 in the instructions for your State) <b>Democrat</b>	8	Race or Ethnic Group (see item 8 in the instructions for your State) <b>Black</b>	ID Number - (See item 6 in the instructions for your state)	

I have reviewed my state's instructions and I swear/affirm that:



236525186

else

*Shelita Williams*

Please sign full name (or put mark) ^

Date: **03/13/2007**  
Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

**Please fill out the sections below if they apply to you.**

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑ 
	Example Public School •	Route #2 Grocery Store Woodchuck Road X	

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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Mail this application to the address provided for your State.

JA\_005044

Revised 10/29/2003

TX\_00002285



SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. BOX 120660  
AUSTIN, TEXAS 78711-2060

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STATE OF TEXAS  
STATE PENALTY  
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HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

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MAR 23 2007 04:10:57



TX\_00002286  
JA\_005045

TX\_00002286

d Type: VOTER Record ID: 6185663 Imaging Dept. ID: 136328290

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us)

**Qualifications**

- You must register to vote in the county in which you reside



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- You must not be, during the year preceding election day, a convicted felon, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

piece of mail. If you are moving, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Processed by the Office of the Secretary of State  
For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

- Check one ☒ New ☐ Change ☐ Replacement
- Are you a United States Citizen? ☒ Yes ☐ No
- Will you be 18 years of age on or before election day? ☒ Yes ☐ No

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>Shelita</u>	Middle Name (If any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr. Apt. 24, Houston, TX 77024</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr. Apt. 24, Houston, TX 77024</u>			
Date of Birth: month, day, year <u>04-15-85</u>	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety)		I affirm that I - am a resident of this county; - have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and - have not been declared mentally incompetent by final judgment of a court of law.	
<input checked="" type="checkbox"/> Check if you do not have a TX Driver's License, or Personal Identification Number		Signature of Applicant or Agent and Relationship to Applicant <u>X Shelita Williams</u> 3.21.07 Date	
If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number			
<input checked="" type="checkbox"/> Check if you do not have a Social Security Number			
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Related Name of Applicant if Signed by Witness and Date.	

Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 79901



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IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS

COUNTY COURTHOUSE

(CITY)

(ZIP CODE)

Houston .TX 77024



Fold on line and seal before mailing

## General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

## Identification Requirement

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? ☒ Yes ☐ No  
 Will you be 18 years old on or before election day? ☒ Yes ☐ No  
 If you checked "No" in response to either of these questions, do not complete form.  
 Please see state-specific instructions for rules regarding eligibility to register prior to age 18.

This space for office use only.

11/15/78

61375085

(Circle one) Mr. Mrs. Miss Ms.	Last Name <b>Williams</b>	First Name <b>Shirley</b>	Middle Name(s)	(Circle one) Jr Sr II III IV
Home Address <b>2519 Dashwood DR</b>		Apt. or Lot # <b>24</b>	City/Town <b>Houston</b>	State <b>Texas</b>
Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code <b>77024</b>
Date of Birth <b>07/12/49</b>	5	Telephone Number (optional)	6 ID Number - (See Item 6 in the instructions for your state)	
Choice of Party (see item 7 in the instructions for your State) <b>Democratic</b>	8	Race or Ethnic Group (see item 8 in the instructions for your State) <b>Black</b>		

9



236525140

citizen) deported from or refused entry to the United States.

Please sign full name (or put mark) **Shirley Williams**

Date: **11/13/2007**  
 Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?					
B	Street (or route and box number)		Apt. or Lot #	City/Town/County	State Zip Code

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑
Example: Route #2 Grocery Store Woodchuck Road Public School X		

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
---	--

Mail this application to the address provided for your State.

TX 0002289  
 JA 005048



SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. BOX 12066  
AUSTIN, TEXAS 78711-2060

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MAILED FROM ZIP CODE 78701

HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

PARCEL POST

MAR 29 2007 10:57



TX\_00002290  
JA\_005049

TX\_00002290

**Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683). TDD 1-800-735-2989. [www.sos.state.tx.us](http://www.sos.state.tx.us)

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States

Y  
II  
Y



Y 236297397

completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

this form. Please pass it on to someone who would use it.

Prescribed by the Office of the Secretary of State

The Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

you be 18 years of age on or re election day?

☒ Yes ☐ No

if checked "no" in response to either of these questions, do not complete this form.

ever you ever voted in this county a federal office?

☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application

- Continue below to complete application.

Fold on line and seal before mailing

Last Name <u>Williams</u>	First Name <u>Shirley</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr. Apt 24, Houston, TX. 77024</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr. Apt 24, Houston, TX. 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
Check if you do not have a social security, driver's license, or personal identification number <input checked="" type="checkbox"/>		Date <u>03.04.07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. <u>X Shirley Williams</u>	
City and County of Former Residence In Texas <u>El Paso</u>			

For Assistance Call  
Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us



NO POSTAGE  
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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX



POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston TX 77057  
77253

Fold on line and seal before mailing

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, the last four digits of your social security number. If you do not have either of these numbers, then you must indicate by checking the box on the application side.

### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

### Qualifications

- You must register to vote in the county in which you reside.

• V



236297681

- You must not be a felon, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

Prescribed by the Office of the Secretary of State

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Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

### Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement

are you a United States Citizen? ☒ Yes ☐ No

Are you 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fold on line and seal before mailing.

Last Name <u>Williams</u>	First Name <u>Tamara</u>	Middle Name (if any) <u>Apt 24</u>	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr, Houston, TX 77024</u>			
Mailing Address: Street Address and Apartment Number, P.O. Box, City, State, and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr, Apt 24 Houston, TX 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number			
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number			
Telephone Number, Include Area Code (Optional)			
City and County of Former Residence in Texas <u>EL Paso</u>			
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.			
I affirm that I			
<ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>			
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.			Date <u>03/01/07</u>



Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us



NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX



POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston, TX 77255

77255 072007-0211

Fill in time and seal before mailing.

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

**Identification Requirement**

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

Type: VOTER Record ID: 61389557 Imaging Dept. ID: 236588439

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of



236588439

sion, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.g41

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17 Harris

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ NoAre you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

Last Name First Name Middle Name (If any) Former Name

Williams Terry

Residence Address: Street Address and Apartment Number, City, State and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood Dr Apt 24, Houston TX 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

P.O. Box 2365, Houston, TX 77023

Date of Birth: month, day, year

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal ID. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I:

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Terry Williams Date: 03/21/07  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant If Signed by Witness and Date.

**TEXAS VOTER REGISTRATION APPLICATION**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside
- You must be a citizen of the United States
- You must be at least 17 years and 10 months old on the day before the election



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completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

this form. Please give it to someone who could help you.

Residence: Street Address and Apartment Number, City, State, and ZIP. If none, give where you live. (Do not include P.O. Box or Rural Rt.)

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replenishment

Are you a United States Citizen? ☒ Yes ☐ No

Will you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county or a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fold on line and seal before mailing.

Last Name First Name Middle Name (if any) Former Name

WILLIAMS

TONI

Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, give where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood DR Apt 24

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP. If mail cannot be delivered to your residence address.

2519 Dashwood DR Apt 24, Houston

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number

☒ Check if you do not have a social security, driver's license, or personal identification number

Telephone Number, include Area Code (Optional)

City and County of Former Residence in Texas

EL PASO

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

3/10/17

Date

X Toni Williams

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

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UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston TX 77053



*Fold on line and seal before mailing*

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.



**Texas Voter Registration Application**

www.sos.state.tx.us

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989.

**Qualifications**

- You must register to vote in the county in which you reside.

• You must be a resident of the District of Columbia.



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or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☐ Yes ☒ No

If you are 18 years of age on or before election day? ☐ Yes ☒ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☐ Yes ☒ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>TYRONE</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr. Houston, Texas, 77024</u>			
Mailing Address: Address, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr. Houston Texas 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal ID. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I • am a resident of this county; • have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and • have not been declared mentally incompetent by final judgment of a court of law.	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		Date <u>02/28/07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. <u>X (Judge) Chanel Johnson</u>	
City and County of Former Residence in Texas <u>EL Paso</u>			

For Assistance Call  
Office of the Secretary of State  
Toll Free:  
Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

26 FEB 2007 PM 1 1

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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston TX 77024

Fold on dotted line and seal before mailing.

#### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number. If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

#### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

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Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.



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- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Presented by the Secretary of State of Texas  
For completion only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

Will you be 18 years of age on or before election day? ☒ Yes ☐ No

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>Valery</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Route.) <u>P.O. Box 2365, Houston TX 77023</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr Apt. 24 Houston TX</u>			
Date of Birth: month, day, year <u>3- -88</u>	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety)		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
<input checked="" type="checkbox"/> Check if you do not have a TX Driver's License, or Personal Identification Number		If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number	
<input checked="" type="checkbox"/> Check if you do not have a Social Security Number		Date <u>032107</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. <u>X Valery Williams</u>	

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us



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UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

APR 02 2007 11:27  
(ZIP CODE)



TX

Fold on line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.



# Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? ☒ Yes ☐ No  
 Are you 18 years old on or before election day? ☒ Yes ☐ No  
 If you checked "No" in response to either of these questions, do not complete form.  
 Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)

This space for office use only.

78 Harris

(Circle one) Mr. Mrs. Miss Ms.	Last Name Williams	First Name Vesta	Middle Name(s)	(Circle one) Jr Sr II III IV
Home Address 2519 Dashwood Dr		Apt. or Lot # 24	City/Town Houston	State Texas
Address Where You Get Your Mail If Different From Above		City/Town	State	Zip Code 77024
Date of Birth 04/15/85 Month Day Year	5	Telephone Number (optional)	6	ID Number - (See item 6 in the instructions for your state)
Choice of Party (see item 7 in the instructions for your State) Democrat	8	Race or Ethnic Group (see item 8 in the instructions for your State) Black		

I have reviewed my state's instructions and I swear/affirm that:



236524739

by false

citizen) deported from or refused entry to the United States.

Vesta Williams

Please sign full name (or put mark)

Date: 03/13/2007  
Month Day Year

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?					
B	Street (or route and box number)		Apt. or Lot #	City/Town/County	State
Zip Code					

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.		NORTH ↑
	Example: Route #2 Grocery Store Woodchuck Road Public School • X		

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
---	--

Mail this application to the address provided for your State.

TX\_00002302  
JA\_005061

SECRETARY OF STATE  
ELECTIONS DIVISION  
PO BOX 10860  
AUSTIN, TEXAS 78711-2060

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HON. PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TX 77253-3527

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MAR 28 2007 10:57



TX\_00002303  
JA\_005062

TX\_00002303

Fold on line and seal before mailing

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: *Si necesita asistencia*  
*llame gratis al:*  
1-800-252-VOTE(8683)  
www.sos.state.tx.us



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IN THE  
UNITED STATES

# BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

.TX

Fold on line and seal before mailing

## General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

## Identification Requirement

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español. Favor de llamar sin cargo a la oficina del Secretario de Estado al 1-800-252-8683 para conseguir una version en Español.

TX\_00002304  
JA\_005063

TX\_00002304



Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us)

### Qualifications

- You must register to vote in the county in which you reside
- You must be a citizen of the United States

Y  
n  
y



Y 236308928

completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

### Complete These Questions Before Proceeding

Check one ☐ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☐ Yes ☐ No

you be 18 years of age on or re-election day? ☐ Yes ☐ No

checked "no" in response to either of these questions, do not complete this form.

ever you ever voted in this county a federal office? ☐ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fill in line and seal before mailing

Last Name <u>Williams</u>	First Name <u>Wayne</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural R.) <u>2519 Dashwood Dr, Houston, TX. 77024</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr, Houston, TX. 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		Date <u>02/28/07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.	
City and County of Former Residence in Texas <u>EL PASO</u>		X	



Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

26 FEB 2007 PM 1:1

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UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston TX 77004

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Fold on line and seal before mailing.

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or personal identification number, then you must indicate by checking the box on the application side.

### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

Este formulario está disponible en Español.  
Póngalo en su cargo a la oficina del  
registro al 1-800-252-8683 para  
conseguir una versión en Español.

d Type: VOTER Record ID: 61314456 Imaging Dept. ID: 236308795

**TEXAS Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.



236308795

felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

this form. Please pass it on to someone who could use it.

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Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one: ☐ New ☐ Change ☒ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

If you be 18 years of age on or over election day? ☒ Yes ☐ No

If you checked "no" in response to either of these questions, do not complete this form.

Have you ever voted in this county for a federal office? ☒ Yes ☐ No

If you answered "no" to this question, be sure to see special instructions regarding identification requirements on the reverse side of the application.

- Continue below to complete application.

Fill on line and seal before mailing.

Last Name <u>Williams</u>	First Name <u>Wesley</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 Dashwood Dr, Houston, TX 77024</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP. If mail cannot be delivered to your residence address. <u>2519 Dashwood Dr, Houston, TX 77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety) If none, give last 4 digits of your Social Security Number		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
<input checked="" type="checkbox"/> Check if you do not have a social security, driver's license, or personal identification number		Date <u>02/28/07</u>	
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.	
City and County of Former Residence in Texas <u>EL PASO</u>		X	

For Assistance Call  
Office of the Secretary of State  
Toll Free  
Si necesita asistencia  
llame gratis al  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX

26 FEB 2007 PM

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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

Houston TX 77004



Fold on line and seal before mailing

### General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your driver's license or personal identification number. If you do not have a driver's license or p... then give the last four digits of ... If you do not have either of these identification numbers, then you must indicate by checking the box on the application side.

### Identification Requirement

If you are submitting this form by mail and you are registering for the first time in this county, enclose a copy of one of the following with your application: a copy of a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address. If you do not enclose a copy of identification now and you are registering to vote by mail and have not voted in an election in this county for a federal office, you will be required to present such identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail.

For information in Spanish, contact the office of the Secretary of State at 1-800-252-8683 for a Spanish version.

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.



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...ion, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State VR17.06E.p65

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Harris 17

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of the above questions, you must not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

**COPY**

Last Name First Name Middle Name (if any) Former Name

Williams Peter

Residence Address: Street Address and Apartment Number, City, State and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood Dr. Apt 24 Houston

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residential address.

same TX. 770

Date of Birth: month, day, year Gender (Optional) ☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code. (Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felony I have completed all of my punishment including a term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by the judgment of a court of law.

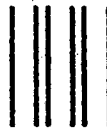
X Peter Williams 4.13.14 Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date



Fold on line and seal before mailing

For Assistance  
 Call your local Voter Registrar or  
 Office of the Secretary of State  
 Toll Free: *Si necesita asistencia  
 llame gratis al:*  
 1-800-252-VOTE(8683)  
 www.sos.state.tx.us



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 UNITED STATES

**BUSINESS REPLY MAIL**  
 FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
 COUNTY COURTHOUSE  
 (CITY)

(ZIP CODE)

.TX

Fold on line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

**Este formulario está disponible en Español.  
 Favor de llamar sin cargo a la oficina del  
 Secretario de Estado al 1-800-252-8683 para  
 conseguir una version en Español.**

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.



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received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

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Harris 17

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ No

If you are not a resident of the state of Texas, you must not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>Anthony</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural R.L.) <u>2519 Dashwood Dr. Apt. 24 Houston TX 77020</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. <u>same</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. I affirm that I • am a resident of this county; • have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and • have not been declared mentally incompetent by final judgment of a court of law.	
TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety)			
<input checked="" type="checkbox"/> Check if you do not have a TX Driver's License, or Personal Identification Number If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number			
<input checked="" type="checkbox"/> Check if you do not have a Social Security Number			
Telephone Number, Include Area Code (Optional)		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date <u>X Anthony Williams</u> 11/04/130	

Fold on line and seal before mailing

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: *Si necesita asistencia*  
*llame gratis al:*  
1-800-252-VOTE(8683)  
www.sos.state.tx.us



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UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE  
(CITY)

(ZIP CODE)

TX

Fold on line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español. Favor de llamar sin cargo a la oficina del Secretario de Estado al 1-800-252-8683 para conseguir una version en Español.

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.
- You must be at least 17 years and 10 months old to register, and you must be 18 years of age by election day.



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If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need to update your address, please pass it on to someone who could use it.

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VR1

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1/10/15 12

Este formulario para inscribirse para votar está disponible en Español. Para conseguir el formulario en Español favor de llamar sin cargo 252-8683 a la oficina del Secretario de Es

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes

Will you be 18 years of age on or before election day?

☒ Yes

If you checked "no" in response to either of the above questions, you must complete this form.

Are you interested in serving as an election worker?

☒ Yes

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams TROY

Residence Address: Street Address and Apartment Number, City, State and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your address.

Date of Birth: month, day, year

Gender (Optional)

☒ Male ☐ FemaleTX Driver's License No. or Personal I.D. No.  
(Issued by the Department of Public Safety)☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to pre-register is perjury, and a crime under federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or I have completed all of my punishment including term of incarceration, parole, supervision, probation, or I have been pardoned; and
- have not been declared mentally incompetent by judgment of a court of law.

X Troy Williams  
Signature of Applicant or Agent and Relationship to or Printed Name of Applicant if Signed by Witness

TX\_00002313

JA\_005072

TX\_00002313



Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683). TDD 1-800-735-2989. www.sos.state.tx.us.

### Qualifications

- You must register to vote in the county in which you reside.



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- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

plete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Printed by the Office of the Secretary of State

VR17.06E.p65

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Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

### Complete These Questions Before Proceeding

Check one ☐ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

Are you 18 years of age on or before election day? ☒ Yes ☐ No

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name First Name Middle Name (if any) Former Name

Williams Edward

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood Dr Apt. 24

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

Houston, TX 77024

Date of Birth: month, day, year Gender (Optional) ☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No. (Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code (Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Edward Williams 033007

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

02 APR 2007 PM 1 T

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UNITED STATES**BUSINESS REPLY MAIL**

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS

COUNTY COURTHOUSE

(CITY)

Houston TX

(ZIP CODE)

77024

22031+0706

1101111111

Fold on line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Si usted no tiene una licencia de conducir de Texas o un número de seguridad social, deberá presentar identificación cuando vote en persona o adjuntar una copia de dicha identificación con su boleto de voto si vota por correo. En su lugar, puede adjuntar una copia de uno de los siguientes con esta aplicación de registro de votante. La identificación incluye: una identificación actual y válida; una copia de un recibo de servicios públicos actual; un estado de cuenta bancario; un cheque gubernamental; un cheque de pago; o cualquier otro documento gubernamental que muestre su nombre y dirección.

# Texas Voter Registration Application

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

## Qualifications

- You must register to vote in the county in which you reside.

• *State of Texas*



236760894

- felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR 17 06E p63

For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

## Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

Are you interested in serving as an election worker?

☒ Yes ☐ No

- Continue below to complete application.

Last Name Williams First Name Gerald Middle Name (If any) Former Name

Residence Address: Street Address and Apartment Number, City, State and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) 2519 DASHWOOD DR. HOUSTON, TX

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. same

Date of Birth: month, day, year

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal ID. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☐ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Gerald Williams Date 4/06/07

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant If Signed by Witness and Date.

For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: Si necesita asistencia  
llame gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

EL PASO TX 799

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NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS  
COUNTY COURTHOUSE

(CITY)

Houston, TX

(ZIP CODE)

77253



77253

Fold on line and seal before mailing

**General Information**

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

**Identification Requirement**

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español.  
Favor de llamar sin cargo a la oficina del  
Secretario de Estado al 1-800-252-8683 para  
conseguir una version en Español.



**Voter Registration Application**

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

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Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, sos.state.tx.us.

**Qualifications**

You must register to vote in the county in which you reside.



236761697

You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

**Complete These Questions Before Proceeding**

Check one ☐ New ☐ Change ☐ Replace name

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.

Name First Name Middle Name (if any) Former Name

Williams Linda

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rx.)

2519 Dashwood Dr. Apt 24, Houston, TX 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

2519 Dashwood Dr. Apt 24, Houston, TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number. Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Linda Williams Date 11-4-04-07  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

**Voter Registration Application**

complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 252-VOTE(8683), TDD 1-800-735-2989, or os.state.tx.us.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

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Harris 17

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Qualifications**

You must register to vote in the county in which you reside.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

Are you 18 years of age on or before election day?

☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.



236686109

only, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

Name First Name Middle Name (if any) Former Name

Harris Judy

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include box or Rural Rt.)

2519 Dashwood Dr. Houston, TX 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence

2519 Dashwood Dr Apt 24, Houston TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No.

Issued by the Department of Public Safety)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

Check if you do not have a TX Driver's License, or Personal Identification Number

TX Driver's License or Personal Identification, the last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Judy Williams 4.04.07

Date

Telephone Number, Include Area Code

(Optional)

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

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TX\_00002319

**Voter Registration Application**

complete sections by printing legibly. If you have questions about how to fill out this application, call your local voter registrar or the Texas Secretary of State's Office toll free at 1-800-2-VOTE(8683), TDD 1-800-735-2989, or visit [www.state.tx.us](http://www.state.tx.us).

**Instructions**

You must register to vote in the county in which you reside.



236686092

If you are a felon, you must have completed all of your punishment, including term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

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Harris 17

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions before Proceeding**Are you ☒ New ☐ Changing ☐ Replacing

Are you a United States Citizen?

☒ Yes ☐ No

Are you 18 years of age on or before election day?

☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.

Name: First Name Middle Name (If any) Former Name

Williams Shaka

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box)

519 Dasherwood Dr Apt 24 Houston TX 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP Code. If mail cannot be delivered to your residence, use P.O. Box

519 Dasherwood Dr Apt 24 Houston TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal ID. No.

Issued by the Department of Public Safety

Check if you do not have a TX Driver's License, or Personal Identification Number

or TX Driver's License or Personal Identification, last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Shaka Williams Date 4.04.07  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**TX\_00002320  
JA\_005079

TX\_00002320

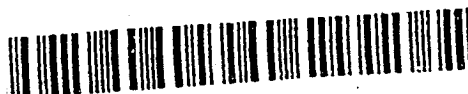
**oter Registration Application**

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e call your local voter registrar or the  
of State's Office toll free at  
-VOTE(8683), TDD 1-800-735-2989,  
state.tx.us.

**ations**

ust register to vote in the county in  
you reside.

ust be a citizen of the United States



36686083

... you are a felon, you must have  
leted all of your punishment, including  
erm of incarceration, parole, supervi-  
period of probation, or you must have  
ved a pardon.

If you are already registered to vote, you do not need to com-  
plete this form. If you have moved, you must complete this  
form to update your address. If you do not need this form,  
please pass it on to someone who could use it.

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VR17.06E.p65

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Este formulario para inscribirse para votar tambien  
está disponible en Español. Para conseguir la ver-  
sion en Español favor de llamar sin cargo 1-800-  
252-8683 a la oficina del Secretario de Estado.

**Complete These Questions  
Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☐ Yes ☒ No

Will you be 18 years of age on or  
before election day?

☒ Yes ☐ No

If you checked "no" in response to either of the above, do  
not complete this form.

Are you interested in serving as  
an election worker?

☒ Yes ☐ No

• Continue below to complete application.

First Name Middle Name (if any) Former Name

Hans Mary

Home Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include  
or Rural Rte.)

519 DASHWOOD DR. Apt. 24, Houston, TX. 77024

Work Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence

2519 DASHWOOD DR. Apt. 24, Houston, TX. 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal ID. No.

by the Department of Public Safety)

Check if you do not have a TX Driver's License, or  
Personal Identification Number

TX Driver's License or Personal Identification,  
last 4 digits of your Social Security Number

Check if you do not have a Social  
Security Number

Phone Number, Include Area Code

(Optional)

I understand that giving false information to procure a  
voter registration is perjury, and a crime under state and  
federal law. Conviction of this crime may result in  
imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon  
I have completed all of my punishment including any  
term of incarceration, parole, supervision, period of  
probation, or I have been pardoned; and
- have not been declared mentally incompetent by final  
judgment of a court of law.

X Mary Williams Date 11/04/04  
Signature of Applicant or Agent and Relationship to Applicant  
or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

TX\_00002321  
JA\_005080

TX\_00002321



**Voter Registration Application**

Complete sections by printing legibly. If you have questions about how to fill out this application, call your local voter registrar or the Secretary of State's Office toll free at 1-800-2-VOTE(8683), TDD 1-800-735-2989, state.tx.us.

**Instructions**

You must register to vote in the county in which you reside.



6686074

You must not be finally convicted of a felony; or if you are a felon, you must have completed all of your punishment, including term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check ☒ New ☐ Change ☐ Re-registration

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.

Name: First Name Middle Name (if any) Former Name

Hans Duarte

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box)

Residence Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence, use P.O. Box.

1519 Dushwood Dr. Apt 24 Houston TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No. (by the Department of Public Safety)

Check if you do not have a TX Driver's License, or Personal Identification Number

TX Driver's License or Personal Identification, last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Phone Number, Include Area Code

(Optional)

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

**COPY**

**Voter Registration Application**

Complete sections by printing legibly. If you have questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-52-VOTE(8683), TDD 1-800-735-2989, or ts.state.tx.us.

**Registrations**

You must register to vote in the county in which you reside.



236686065

Any, or if you are a felon, you must have completed all of your punishment, including term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

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Harris 178

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement  
Are you a United States citizen? ☒ Yes ☐ No  
Will you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

Name First Name Middle Name (if any) Former Name

Williams Christhawn

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box)

519 DASHWOOD DR. Apt 24, Houston, TX 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence

519 DASHWOOD DR. Apt 24, Houston, TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No.

Issued by the Department of Public Safety

Check if you do not have a TX Driver's License, or Personal Identification Number

or TX Driver's License or Personal Identification, last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Telephone Number; Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Christhawn Williams Date 04/24/07  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

TX\_00002323  
JA\_005082

TX\_00002323

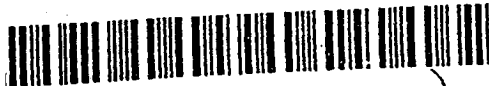
**Voter Registration Application**

Complete sections by printing legibly. If you have questions about how to fill out this application, call your local voter registrar or the Texas Secretary of State's Office toll free at 1-800-2-VOTE(8683), TDD 1-800-735-2989, or [sos.state.tx.us](http://sos.state.tx.us).

**Qualifications**

You must register to vote in the county in which you reside.

You must be a citizen of the United States.



236686056

If you have ever been convicted of a crime, you must have completed all of your punishment, including any term of incarceration, parole, supervision, or period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Check one ☒ New ☐ Change ☐ Replacement  
 Are you a United States Citizen? ☒ Yes ☐ No  
 Are you 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

Name: First Name Middle Name (If any) Former Name

Hans

Wanda

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box.)

2519 Dashwood Dr. Apt. 24, Houston, TX, 77024

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP Code. If mail cannot be delivered to your residence, use this address.

2519 Dashwood Dr. Apt. 24, Houston, TX, 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No.

by the Department of Public Safety)

Check if you do not have a TX Driver's License, or Personal Identification Number

TX Driver's License or Personal Identification, last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Phone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Wanda Williams  
 Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**CORY**

**Voter Registration Application**

complete sections by printing legibly. If you have any questions about how to fill out this application, call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, or [sos.state.tx.us](http://sos.state.tx.us).

**Qualifications**

You must register to vote in the county in which you reside.



236686047

You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p63

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Harris 23 17

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Are you ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

Are you at least 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

Name First Name Middle Name (if any) Former Name

Williams - Sheila Dentse

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. (If none, describe where you live. (Do not include Box or Rural Fld.))

2519 Dashwood Dr Apt. 24 Houston, TX 77024

Mailing Address: Street Address and Apartment Number of P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence

2519 Dashwood Dr Apt. 24 Houston, TX 77024

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No.

Issued by the Department of Public Safety)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If you do not have a TX Driver's License or Personal Identification, provide last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

X Sheila Dentse Williams Date: 11/04/07

**COPY**

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JA\_005084

TX\_00002325

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

**Qualifications**

- You must register to vote in the county in which you reside.



236686010

- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E, p65

For Official Use Only

Harris 17

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la version en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

If you checked "No" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams | Bernard

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural R.L.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

Date of Birth: month, day, year

1-14-80

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Bernard Williams 33007  
Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**



**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.



236686001

- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17 06E.p65

For Official Use Only

11/07/15 12

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☐ Yes ☒ No

If you checked "no" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams

Arthur

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood Dr, Apt. 24

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

Houston, TX 77024

Date of Birth: month, day, year

7-14-80

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Arthur Williams

Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.



236685994

felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17 06E, p.3

For Official Use Only

170115 17

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "No" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name

First Name

Middle Name (If any)

Former Name

Williams

Ronald

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

Date of Birth: month, day, year

3-10-83

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Ronald Williams 3.30.17

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

TX\_00002328

JA\_005087

TX\_00002328

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.



236685985

- You must not be a felon, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VK17 06E p43

For Official Use Only

Harris 17

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "No" in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams James

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

2519 Dashwood Dr Apt 24 Houston, TX 77024

Date of Birth: month, day, year

Gender (Optional)

3-10-83

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

James Williams 3-30-07

COPY

plete sections by printing legibly. If you have questions about how to fill out this application, call your local voter registrar or the County of State's Office toll free at 1-800-2-VOTE(8683), TDD 1-800-735-2989, or www.state.tx.us.

### Registrations

You must register to vote in the county in which you reside.

Complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State VR17.06E.p65

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

### Complete These Questions Before Proceeding

Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen? ☒ Yes ☐ No

Are you 18 years of age on or before election day? ☒ Yes ☐ No

If you checked "no" on a response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.



236686038

any, or if you are a felon, you must have completed all of your punishment, including term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

Last Name	First Name	Middle Name (If any)	Former Name
Williams	Alice		

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence, use this address.

2519 Dashwood Dr. Apt. 24 Houston, TX 77024

Date of Birth: month, day, year Gender (Optional) ☐ Male ☒ Female

Driver's License No. or Personal I.D. No. (as issued by the Department of Public Safety)

Check if you do not have a TX Driver's License, or Personal Identification Number

or TX Driver's License or Personal Identification, last 4 digits of your Social Security Number

Check if you do not have a Social Security Number

Telephone Number, Include Area Code (Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Alice Williams Date 4.09.07

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.



236686029

felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E, p65

For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☐ Yes ☒ NoWill you be 18 years of age on or before election day? ☐ Yes ☒ No

If you checked any response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☐ Yes ☒ No

- Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams

Calvert

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dasherwood Dr. Apt. 24 Houston, TX.

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address.

Date of Birth: month, day, year

4-15-85

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Calvert Williams

03.3007  
Date

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

**COPY**



**Voter Registration Application**

complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the County of State's Office toll free at 252-VOTE(8683), TDD 1-800-735-2989, or os.state.tx.us.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**

Are you ☒ New ☐ Changing ☐ Re-registration?

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

If you checked 'no' in response to either of the above, do not complete this form.

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.



236686118

county, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

Name First Name Middle Name (If any) Former Name

*Littians* | *Angela* | *A* |

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include Box or Rural Rt.)

*2519 Dashwood Dr. Apt. 24, Houston, TX 77024*

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence, use.

*2519 Dashwood Dr. Apt. 24, Houston, TX 77024*

Date of Birth: month, day, year

Gender (Optional)

☐ Male ☒ Female

Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

☐ If no TX Driver's License or Personal Identification, provide last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, including Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X

*Angela Williams* Date *11/04/14*

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.


**COPY**

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JA\_005091

TX\_00002332

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

### Qualifications

- You must register to vote in the county in which you reside.
-   
236774399
- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

plete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17 06E p63

For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

### Complete These Questions Before Proceeding

- Are you ☒ New ☐ Change ☐ Replacement  
you a United States Citizen? ☒ Yes ☐ No  
Are you 18 years of age on or  
before election day? ☒ Yes ☐ No

Are you interested in serving as  
an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name Williams First Name Alicia Middle Name (if any)  Former Name

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) 2519 DASHWOOD DR. Apt 24, Houston, TX

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. (SAME) 77024

Date of Birth: month, day, year  Gender (Optional) ☐ Male ☒ Female

TX Driver's License No. or Personal I.D. No.  
(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or  
Personal Identification Number

If no TX Driver's License or Personal Identification,  
give last 4 digits of your Social Security Number

☒ Check if you do not have a Social  
Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a  
voter registration is perjury, and a crime under state and  
federal law. Conviction of this crime may result in  
imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon  
I have completed all of my punishment including any  
term of incarceration, parole, supervision, period of  
probation, or I have been pardoned; and
- have not been declared mentally incompetent by final  
judgment of a court of law.

X Alicia Williams

Date 04/16/07

Signature of Applicant or Agent and Relationship to Applicant  
or Printed Name of Applicant if Signed by Witness and Date.

Record ID: 61439709 Imaging Dept. ID: 236774399  
 For Assistance:  
 Call your local Voter Registrar or  
 Office of the Secretary of State  
 Toll Free: Si necesita asistencia  
 llame gratis al:  
 1-800-252-VOTE(8683)  
 www.sos.state.tx.us

EL PASO TX 799

16 APR 2007 PM 1 T

NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

# BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 4511 AUSTIN, TX

POSTAGE WILL BE PAID BY ADDRESSEE

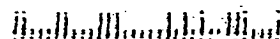
REGISTRAR OF VOTERS

COUNTY COURTHOUSE

(CITY)

(ZIP CODE)

Houston TX 77024



Fold on line and seal before mailing.

## General Information

- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
- If you move to another county, you must re-register in the county of your new residence.
- If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
- You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

indicate by checking the appropriate box on the application side.

## Identification Requirement

If you do not have a Texas driver's license or a social security number, you will be required to present identification when you vote in person or enclose a copy of such identification with your ballot if you vote by mail. Instead, you may enclose a copy of one of the following with this voter registration application. Identification includes: a current and valid ID; a copy of a current utility bill; bank statement; government check; paycheck; or other government document that shows your name and address.

Este formulario está disponible en Español. Favor de llamar sin cargo a la oficina del Secretario de Estado al 1-800-252-8683 para conseguir una version en Español.

Type: VOTER Record ID: 61440137 Imaging Dept. ID: 236958146

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

**Qualifications**

- You must register to vote in the county in



236958146

- You must not be finally convicted of a felony, or if you are a felon, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.06E.p65

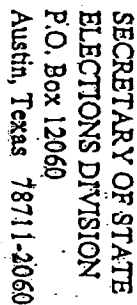
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Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ NoAre you interested in serving as an election worker? ☒ Yes ☐ No

- Continue below to complete application.

Last Name <u>Williams</u>	First Name <u>Cindy</u>	Middle Name (if any)	Former Name
Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.) <u>2519 DASHWOOD DR. Apt. 24, Houston, TX</u>			
Mailing Address: Street Address and Apartment Number or P.O. Box, City, State and ZIP Code. If mail cannot be delivered to your residence address. <u>same</u> <u>77024</u>			
Date of Birth: month, day, year	Gender (Optional) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.	
TX Driver's License No. or Personal ID. No. (Issued by the Department of Public Safety)		I affirm that I <ul style="list-style-type: none"> <li>am a resident of this county;</li> <li>have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and</li> <li>have not been declared mentally incompetent by final judgment of a court of law.</li> </ul>	
<input checked="" type="checkbox"/> Check if you do not have a TX Driver's License, or Personal Identification Number		If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number	
<input checked="" type="checkbox"/> Check if you do not have a Social Security Number		Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date. <u>Cindy Williams</u> <u>04/16/05</u>	
Telephone Number, Include Area Code (Optional)			

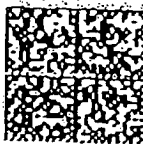


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THE HONORABLE PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527  
HOUSTON, TEXAS 77253-3527

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STATE OF TEXAS  
STATE PENALTY  
FOR PRIVATE USE**

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- Your voter registration days after it is received, whichever is later.
- If you move to another county, re-register in the county.
- If you decline to register, you have declined to be confidential and will be used for non-confidential purposes. If you submitted a voter registration, remain confidential and for registration purposes.
- You must provide your personal identification, have a driver's license number, then give the social security number of these identification.

## General Information

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For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of S  
Toll Free. SI no costs assist  
Name gratis at  
1-800-252-VOTE(6683)  
www.sos.state.tx.us

*Fold on line and seal before molding.*



Type: VOTER Record ID: 61440111 Imaging Dept. ID: 236958137

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, [www.sos.state.tx.us](http://www.sos.state.tx.us).

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.



236958137

felony, or if you are a reconvict, you must have completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR 17.04E, 4/15

For Official Use Only

Este formulario para inscribirse para votar también está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ ReplacementAre you a United States Citizen? ☒ Yes ☐ NoWill you be 18 years of age on or before election day? ☒ Yes ☐ NoAre you interested in serving as an election worker? ☒ Yes ☐ No

• Continue below to complete application.

Last Name

First Name

Middle Name (if any)

Former Name

Williams

Larry

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP Code. If mail cannot be delivered to your residence address.

Date of Birth: month, day, year

Gender (Optional)

☒ Male ☐ Female

TX Driver's License No. or Personal I.D. No.

(Issued by the Department of Public Safety)

☒ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☒ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

(Optional)

I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.



SECRETARY OF STATE  
ELECTIONS DIVISION  
P.O. Box 12060  
Austin, Texas 78711-2060

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1-800-252-8683 para  
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STATE OF TEXAS  
STATE PENALTY  
FOR PRIVATE USE

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FIRST CLASS



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IF MAILED  
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UNITED STATES



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- General Information**
- Your voter registration will become effective 30 days after it is received or on your 18th birthday, whichever is later.
  - If you move to another county, you must re-register in the county of your new residence.
  - If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for registration purposes. If you do register to vote, the identity of the office (if applicable) at which you submitted a voter registration application will remain confidential and will be used only for voter registration purposes.
  - You must provide your Texas driver's license or personal identification number. If you do not have a driver's license or personal identification number, then give the last four digits of your social security number or if you do not have any of these identification numbers, then you must

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For Assistance  
Call your local Voter Registrar or  
Office of the Secretary of State  
Toll Free: 1-800-252-8683  
Same gratis al:  
1-800-252-VOTE(8683)  
www.sos.state.tx.us

Fold on line and seal before mailing

**Texas Voter Registration Application**

Please complete sections by printing legibly. If you have any questions about how to fill out this application, please call your local voter registrar or the Secretary of State's Office toll free at 1-800-252-VOTE(8683), TDD 1-800-735-2989, www.sos.state.tx.us.

**Qualifications**

- You must register to vote in the county in which you reside.
- You must be a citizen of the United States.



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felony, or if you are a felon who has not completed all of your punishment, including any term of incarceration, parole, supervision, period of probation, or you must have received a pardon.

If you are already registered to vote, you do not need to complete this form. If you have moved, you must complete this form to update your address. If you do not need this form, please pass it on to someone who could use it.

Prescribed by the Office of the Secretary of State

VR17.04E.p63

For Official Use Only

Este formulario para inscribirse para votar tambien está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1-800-252-8683 a la oficina del Secretario de Estado.

**Complete These Questions Before Proceeding**Check one ☒ New ☐ Change ☐ Replacement

Are you a United States Citizen?

☒ Yes ☐ No

Will you be 18 years of age on or before election day?

☒ Yes ☐ No

Are you interested in serving as an election worker?

☒ Yes ☐ No

• Continue below to complete application.

Last Name First Name Middle Name (if any) Former Name

Williams Willie

Residence Address: Street Address and Apartment Number, City, State, and ZIP Code. If none, describe where you live. (Do not include P.O. Box or Rural Rt.)

2519 Dashwood DR. Apt 24 Houston, TX

Mailing Address: Street Address and Apartment Number or P.O. Box, City, State, and ZIP Code. If mail cannot be delivered to your residence address.

Same

77024

Date of Birth: month, day, year

Gender (Optional)

☒ Male ☐ FemaleTX Driver's License No. or Personal ID. No.  
(Issued by the Department of Public Safety)☐ Check if you do not have a TX Driver's License, or Personal Identification Number

If no TX Driver's License or Personal Identification, give last 4 digits of your Social Security Number

☐ Check if you do not have a Social Security Number

Telephone Number, Include Area Code

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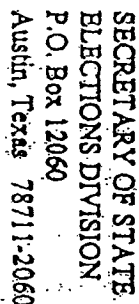
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both.

I affirm that I

- am a resident of this county;
- have not been finally convicted of a felony or if a felon I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- have not been declared mentally incompetent by final judgment of a court of law.

X Willie Williams Date 04/16/07  
Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

TX-00002340  
JA 005099

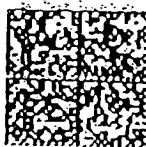


Austin, Texas 78711-2060

## General Informal

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FOR PRIVATE USE

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FIRST CLASS**



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Toll Free: 1-800-252-VOTE (2863)  
Name grade at:  
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THE HONORABLE PAUL BETTENCOURT  
TAX ASSESSOR-COLLECTOR  
HARRIS COUNTY  
P.O. BOX 3527

HOUSTON, TEXAS 77253-3527

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## ORDER DEFERRING ADJUDICATION OF GUILT

CAUSE NO.

863323

THE STATE OF TEXAS  
VS.IN THE 183<sup>rd</sup> DISTRICT COURT

Janice Denise Shelvin

(Name of Defendant)

AKA

N/A

RECORDED BY: J. ANDREWS  
This instrument is of personal nature  
and not satisfactory for photographic  
recordation and/or alterations were  
present at the time of filing

COUNTY CRIMINAL COURT

AT LAW NO.

OF HARRIS COUNTY, TEXAS

Date of  
Order:

9-13-01

Date of  
Offense:

4-6-00

Attorney  
for State:

Nicole Deborde

Attorney  
for Defendant:

Chip Lewis

☐ Defendant Waived Counsel

Offense:

~~3 yrs. DAOS / \$500 fine / 200 hrs. C.S. / LOA~~

purportedly acting as agent

☐ A MISDEMEANOR CLASS:

A

B

C

☒ A FELONY DEGREE: SJ1<sup>st</sup>2<sup>nd</sup>3<sup>rd</sup>

Terms of Plea Bargain (In Detail):

~~purportedly acting as agent~~

3 yrs. DAOS / \$500 fine / 200 hrs. C.S. / LOA

(Circle appropriate selection - N/A = not available or not applicable)

Plea to Enhancement:

1st Paragraph

2nd Paragraph

Charging

Paragraph(s):

True | Not True

(N/A)

True | Not True

(N/A)

Instrument:

Complaint

Indictment

Information

Findings on

1st Paragraph

2nd Paragraph

Enhancement(s):

True | Not True

(N/A)

True | Not True

(N/A)

Plea:

Guilty

Nolo Contendere

Affirmative Findings:

Deadly

Family

Victim Selected

Victim Younger

Controlled Substance

Weapon: Yes | No

(N/A)

Violence: Yes | No

(N/A)

by Bias/Prejudice: Yes | No

(N/A)

Than 17 years: Yes | No

(N/A)

Used to Commit Crime: Yes | No

(N/A)

ADJUDICATION OF GUILT DEFERRED

DEFENDANT PLACED ON COMMUNITY SUPERVISION FOR:

3

DAYS / MONTHS / YEARS

DEFENDANT ASSESSED A FINE IN THE AMOUNT OF

\$ 500.00

☐ SEE SPECIAL INSTRUCTIONS, incorporated herein by reference

Time

days toward

days toward

days toward incarceration.

Credited:

N/A

incarceration

N/A

fine and costs

N/A

fine and costs

COURT COSTS: \$

197.25

(Mark appropriate selections below, if applicable)

☐

Name changed from

N/A

☐

Judgment Addendum incorporated herein by reference.

☐

It is ORDERED by the Court, that any weapon(s) seized in this case is/are hereby forfeited.

☐

In accordance with Section 12.44(b), Penal Laws of Texas, the Court authorizes the prosecuting attorney to prosecute this cause as a Class A misdemeanor.





SHELVIN

This cause being called for trial, in Harris County, Texas, unless otherwise referenced, the State appeared by her District Attorney as named above and the Defendant named above appeared in person with Counsel as named above, or the Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel as indicated above in writing in open court, and both parties announced ready for trial. The Defendant elected to proceed under Art. 42.12, Stat. C.C.P., and in open court, having been waived, the Defendant pleaded as indicated above.

Thereupon, the Defendant was admonished by the Court of the consequences of the said plea, and the Defendant persisted in entering said plea, and it plainly appearing to the Court that the Defendant was mentally competent to stand trial and that the Defendant was uninfluenced by any consideration of fear, or persuasion or delusive hope of pardon prompting the Defendant plead as indicated above; the said plea was accepted by the Court. The Defendant having in open court, in writing, waived the appearance, confrontation, and cross-examination of witnesses, consented to the stipulation of evidence and to the introduction of testimony by affidavits, written statements of witnesses, and any other documentary evidence; and such waiver and consent having been approved by the Court in writing and filed in the papers of the cause, the said plea of the Defendant was received and entered of record.

The trial proceeded before the Court, and after the evidence was submitted and the argument of counsel thereon, the Court found that such evidence substantiates the Defendant's guilt in this cause, and further found that the best interests of society and of the Defendant would be served by deferring proceedings without entering an adjudication of guilt and placing the Defendant on Community Supervision in this cause.

IT IS ORDERED AND ADJUDGED that in accordance with Art. 42.12, 5(a) C.C.P., no judgment shall be entered in this cause and the Defendant is hereby placed on Community Supervision in this cause for a period as indicated above, from the date of this order, pending the Defendant's abiding by and not violating the terms and conditions of the Defendant's Community Supervision. Further, the court finds the Presentence Investigation, if so ordered, was done according to the applicable provisions of Art. 42.12, 9 C.C.P..

Signed and entered on

Sept. 13<sup>rd</sup>, 2001

JUDGE PRESIDING

Community Supervision  
Expires on:

09-12-2004

Notice of Appeal:

Mandate Received:

After Mandate Received, Sentence to Begin Date is:

Received on \_\_\_\_\_ at \_\_\_\_\_ AM / PM.  
Sheriff, Harris County, Texas

By: \_\_\_\_\_ Deputy

Entered	139798
Verified	RDW
LCBT	SP
LCBU	RDW

SPECIAL INSTRUCTION OR NOTES:

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Defendant's

V3536 P0002

V2455 P0101

CONDITIONS OF COMMUNITY SUPERVISION

THE STATE OF TEXAS

VS.

JANICE DENISE SHELVIN

IN THE 183rd DISTRICT COURT OF

HARRIS COUNTY, TEXAS

CAUSE NUMBER 863323

On this the 13TH day of SEPTEMBER, 2001, you are granted 3 years community supervision for the felony offense of PURPORTS TO ACT AS A VOTER AGENT in accordance with section 5 of Article 42.12, Texas Code of Criminal Procedure, in the 183rd District Court of Harris County, Texas, by the Honorable JOAN HUFFMAN, Judge Presiding. It is the order of this Court that you abide by the following Conditions of Community Supervision:

- (1) Commit no offense against the laws of this or any other State or of the United States.
- (2) Avoid injurious or vicious habits. You are forbidden to use, possess, or consume any controlled substance, dangerous drug, marijuana, alcohol or prescription drug not specifically prescribed to you by lawful prescription. You are forbidden to use, consume, or possess alcoholic beverages.
- (3) Avoid persons or places of disreputable or harmful character, specifically: \_\_\_\_\_.
- (4) Report immediately in person, to the Community Supervision Officer for the 183rd District Court on the 13TH day of SEPTEMBER, 2001 and continue to report to the Community Supervision Officer on the 13TH of each month thereafter or as directed by the Community Supervision Officer for the remainder of the supervision term unless so ordered differently by the Court. **APPOINTMENTS WILL NOT BE RESCHEDULED UNLESS APPROVED BY THE COURT THROUGH THE COMMUNITY SUPERVISION OFFICER**
- (5) Permit a Community Supervision Officer to visit you at your home, place of employment or elsewhere.
- (6) Abide by the rules and regulations of the Harris County Community Supervision and Corrections Department (hereinafter referred to as HCCS&CD). Refrain from disorderly conduct, abusive language or disturbing the peace while present at any HCCS&CD office or facility.
- (7) Work faithfully at suitable employment and present written verification of employment (including all attempts to secure employment) to your Community Supervision Officer on each reporting date. You must notify HCCS&CD within 48 hours of any change in your employment status.
- (6) Remain within a specified place, to wit: Harris County, Texas, or \_\_\_\_\_. You may not travel outside of Harris County, Texas, or \_\_\_\_\_ unless you receive prior written permission from the Court through your Community Supervision Officer. You must notify HCCS&CD within 48 hours of any change of residence.
- (9) Support your dependents as required by law. Provide your Community Supervision Officer with a certified copy of all Court orders requiring payment of child support.
- (10) Submit to RANDOM urine specimen analysis by authorized personnel of HCCS&CD, including any department having courtesy supervision jurisdiction. Provide proof of any medication legally prescribed to you prior to submitting a specimen.
- (11) Participate in the HCCS&CD Community Service Restitution Program (CSRP). You shall perform a total of 200 hours, at the rate of 15 hours per MONTH beginning OCTOBER 13, 2001.

Page 1 Conditions of Community Supervision  
Revised: September 13, 2001

TX\_00002343  
JA\_005102

13536 P0003

13455 10182

**CONDITIONS OF COMMUNITY SUPERVISION**

FOR: JANICE DENISE SHELVIN

CAUSE NUMBER: 863323

- (12) Pay the following fees through HCCS&CD as specified herein. All payments MUST be in the form of a money order or cashier's check. Personal checks will not be accepted.
- 12.1 Pay a **Supervision Fee** at the rate of \$40.00 per month for the duration of your community supervision beginning OCTOBER 13, 2001 to HCCS&CD.
- 12.2 Pay a **Fine** of \$500.00 and **Court Costs** of \$197.25 at the rate of \$25.00 per month beginning OCTOBER 13, 2001 to Harris County through HCCS&CD. You are given credit for 0 days.
- 12.3 Pay **Laboratory Fees** of \$5.00 per month for the duration of your community supervision beginning OCTOBER 13, 2001 to HCCS&CD.
- 12.4 Pay a \$10.00 fee for an **Offender Identification Card** by OCTOBER 13, 2001 to HCCS&CD.
- 12.15 Pay \$50.00 to the **Crime Victims Compensation Fund** at the rate of \$50.00 beginning OCTOBER 13, 2001 through HCCS&CD.
- (13) Report in person to HCCS&CD by OCTOBER 13, 2001 for the purpose of creating and obtaining your **Offender Identification Card**. You are to carry this identification card on your person at all times.
- (14) Submit to an **alcohol/drug evaluation** through the **Treatment Alternative to Incarceration Program (TAIP)** by NOVEMBER 13, 2001, and at anytime thereafter as directed by your Community Supervision Officer. Attend treatment and aftercare as recommended. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court. On each reporting date, submit written verification of your enrollment, attendance and/or successful completion of the program to your Community Supervision Officer, to be retained in HCCS&CD's file.
- (15) Participate in the HCCS&CD **Maximum Supervision Program** any time that you are assessed by HCCS&CD to require maximum supervision. Comply with all program rules, regulations and guidelines until successfully discharged or released by further order of the Court.
- (16) Submit to an evaluation of your educational skill level by NOVEMBER 13, 2001. If it is determined that you have not attained the average skill of students who have completed the sixth grade in public schools in this State, you shall participate in the HCCS&CD program that teaches functionally illiterate persons to read.
- (17) You are not to lie or make false statements to any employee of HCCS&CD beginning SEPTEMBER 13, 2001.
- (18) You will not use, ingest, or consume any substance that will alter or adulterate any urinalysis results.
- (19) **No mail-in reporting** permitted except with the permission of the Court.
- (20) Do not enter into any agreement to work or act as a peace officer, law enforcement official or security guard of any law enforcement agency without the permission of the Court.

**CONDITIONS OF COMMUNITY SUPERVISION**

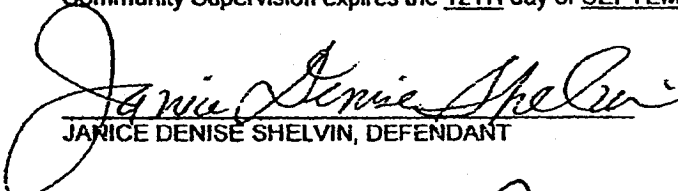
FOR: JANICE DENISE SHELVIN

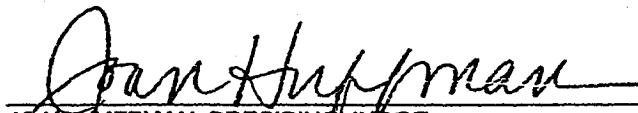
CAUSE NUMBER: 863323

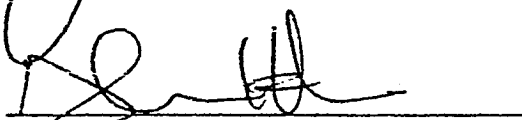
I understand that under the laws of this State, the Court shall determine the terms and conditions of Community Supervision, and may alter or modify said conditions during the period of Community Supervision. I further understand that failure to abide by these Conditions of Community Supervision may result in the revocation of Community Supervision or an adjudication of guilt.

Signed this 13TH day of SEPTEMBER A.D. 2001

Community Supervision expires the 12TH day of SEPTEMBER A.D. 2004

  
JANICE DENISE SHELVIN, DEFENDANT

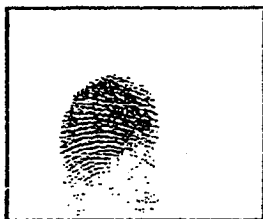
  
JOAN HUFFMAN, PRESIDING JUDGE

  
GLENN LOETHEN, COURT LIAISON OFFICER

SEPTEMBER 13, 2001  
DATE

SPN: 01500181

PLEA: GUILTY



Defendant's Right Thumbprint

V3534 P0005

V3455 P0104

CAUSE NO. 863323

THE STATE OF TEXAS

IN THE 183<sup>RD</sup> DISTRICT COURT

VS.

OF

JANICE DENISE SHELVIN

HARRIS COUNTY, TEXAS

1ST ORDER MODIFYING CONDITIONS OF COMMUNITY SUPERVISION

On this the 5TH day of December 2001, the Court finds that the Order placing the Defendant on community supervision in Cause No. 863323, should be, and the same is hereby amended by changing condition(s) of community supervision in said Order as follows, to wit;

ADD:

- (00) Write a letter of apology to the complainant, PAUL BETTENCOURT and submit it to your Community Supervision Officer in a stamped unsealed envelope for review by the Court and mailing to the complainant by DECEMBER 13, 2001. The letter of apology will be submitted to the Court for review through your Community Supervision Officer prior to HCCS&CD mailing the letter to the complainant.

All other terms and conditions of community supervision shall remain in full force and effect as heretofore ordered.

Signed this 5TH day of December 2001.

Joan Huffman  
JOAN HUFFMAN

I acknowledge receipt of a copy of the conditions of my supervision as modified and further acknowledge that a Harris County Community Supervision Officer has explained said modification.

Dated: DEC - 5 2001

Janice Shelvin  
JANICE DENISE SHELVIN, DEFENDANT

Patricia Bennett  
COMMUNITY SUPERVISION OFFICER

RIGHT THUMBPRINT

1ST ORDER MODIFYING CONDITIONS OF COMMUNITY SUPERVISION  
Revised 10/11/01  
JANICE DENISE SHELVIN  
CAUSE No. 863323





Cause No. 086332301010

THE STATE OF TEXAS

V.

JANICE DENI SHELVIN, DEFENDANT

183 District Court

Harris County, Texas

## ORDER AFFECTING COMMUNITY SUPERVISION

After considering the community supervision officer's recommendation and other evidence, the presiding judge FINDS that the Defendant ☒ has ☐ has not satisfactorily fulfilled the conditions of supervision imposed by the court under The Texas Code of Criminal Procedure and / or Chapter 481 of the Texas Health and Safety Code:

MOTION DENIED

- ☐ The defendant has not satisfactorily fulfilled the conditions of supervision imposed by the court for the full term of the supervision period to which he / she was sentenced.
- ☐ Accordingly, the Court ORDERS defendant's motion to modify community supervision denied.

MOTION GRANTED

## Full Term

- ☒ The defendant has satisfactorily fulfilled the conditions of supervision imposed by the court for the full term of the supervision period to which he / she was sentenced.

## Early Termination

- ☐ The defendant has satisfactorily fulfilled the conditions of supervision imposed by the court for two (2) years or for more than one-third (1/3) of the time to which defendant was sentenced to community supervision.

## Deferred Adjudication

- ☐ The best interests of the defendant and society will be served by the early termination of defendant's supervision period. The Court has not proceeded to an adjudication of guilt during the period of supervision.

## Conditional Discharge

☐ ☐

## Other Comments

☐ ☐

Accordingly, the Court ORDERS defendant's community supervision terminated.  
The Court further ORDERS, ADJUDGES AND DECREES that

- ☒ The defendant is discharged according to law.

Date signed: 9/20/14

*Jan Huffman*  
Judge Presiding, 183 District Court  
Harris County, Texas

TX\_00002347  
JA\_005106

V4831 P0296

TX\_00002347

CAUSE NO. 863323

THE STATE OF TEXAS

IN THE 183<sup>RD</sup> DISTRICT COURT

VS.

OF

JANICE DENISE SHELVIN

HARRIS COUNTY, TEXAS

1ST ORDER MODIFYING CONDITIONS OF COMMUNITY SUPERVISION

On this the 5TH day of December 2001, the Court finds that the Order placing the Defendant on community supervision in Cause No. 863323, should be, and the same is hereby amended by changing condition(s) of community supervision in said Order as follows, to wit;

**ADD:**

- (00) Write a letter of apology to the complainant, PAUL BETTENCOURT and submit it to your Community Supervision Officer in a stamped unsealed envelope for review by the Court and mailing to the complainant by DECEMBER 13, 2001. The letter of apology will be submitted to the Court for review through your Community Supervision Officer prior to HCCS&CD mailing the letter to the complainant.

All other terms and conditions of community supervision shall remain in full force and effect as heretofore ordered.

Signed this 5TH day of December 2001.

  
JOAN HUFFMAN

I acknowledge receipt of a copy of the conditions of my supervision as modified and further acknowledge that a Harris County Community Supervision Officer has explained said modification.

Dated: DEC - 5 2001

  
JANICE DENISE SHELVIN, DEFENDANT

  
COMMUNITY SUPERVISION OFFICER

RIGHT THUMBPRINT

1ST ORDER MODIFYING CONDITIONS OF COMMUNITY SUPERVISION  
Revised 10/11/01  
JANICE DENISE SHELVIN  
CAUSE No. 863323



Cause No. 086332301010

THE STATE OF TEXAS

V.

JANICE DENI SHELVIN, DEFENDANT

183 District Court

Harris County, Texas

## ORDER AFFECTING COMMUNITY SUPERVISION

After considering the community supervision officer's recommendation and other evidence, the presiding judge FINDS that the Defendant ☒ has ☐ has not satisfactorily fulfilled the conditions of supervision imposed by the court under The Texas Code of Criminal Procedure and / or Chapter 481 of the Texas Health and Safety Code:

MOTION DENIED

- ☐ The defendant has not satisfactorily fulfilled the conditions of supervision imposed by the court for the full term of the supervision period to which he / she was sentenced.
- ☐ Accordingly, the Court ORDERS defendant's motion to modify community supervision denied.

MOTION GRANTED

## Full Term

- ☒ The defendant has satisfactorily fulfilled the conditions of supervision imposed by the court for the full term of the supervision period to which he / she was sentenced.

## Early Termination

- ☐ The defendant has satisfactorily fulfilled the conditions of supervision imposed by the court for two (2) years or for more than one-third (1/3) of the time to which defendant was sentenced to community supervision.

## Deferred Adjudication

- ☐ The best interests of the defendant and society will be served by the early termination of defendant's supervision period. The Court has not proceeded to an adjudication of guilt during the period of supervision.

## Conditional Discharge

☐ ☐

## Other Comments

☐ ☐

Accordingly, the Court ORDERS defendant's community supervision terminated.  
The Court further ORDERS, ADJUDGES AND DECREES that

- ☒ The defendant is discharged according to law.

Date signed: 9/20/14

*Jan Huffman*  
Judge Presiding, 183 District Court  
Harris County, Texas

TX\_00002349  
JA\_005108

V4831 P0296

Created by CGerman

1

Tuesday, October 10, 2000

Volunteer Deputy: Doraine Slaughter # 3347

Lillie Wright (Mail desk Team Leader) came to me with some voter registration applications that were being submitted by Doraine Slaughter, Volunteer Deputy # 3347. Some of the applications dated as far back as March of this year. Lillie questioned whether or not we could accept these applications since they were so old.

I advised Lillie that we would probably still take them, but we should consult with Marty to be certain on how to handle them.

Lillie and I went to Marty with this situation and Marty wanted to speak directly with Ms. Slaughter.

Ms. Slaughter (and someone else who was with her) came into Marty's office and Marty began conversing with Ms. Slaughter:

Marty: Why were you so late in submitting these applications to us?

Ms. Slaughter: Not all of these are mine; I was just turning these in for someone else.

Marty: Who?

Ms. Slaughter: They were having a drive at TSU.

Marty: Do you know this person's name?

Ms. Slaughter: Yes, but I can't think of it right now. There was a drive over at TSU and there was paperwork and coping to be done with them...and I'm just bringing them in.

Chris: You copied them...why would you need to copy them? You need to be careful about copying applications. Some of this information, the registrar is not allowed to copy...and since you are a volunteer deputy for this office, you need to be careful when copying applications.

Marty: It's ok to copy the report sheets for your records...we even tell you to keep copies of them when we deputize you.

Marty: Whose deputy number is this on the cards?

Ms. Slaughter: Oh, that is my number.

Marty: If you did not take the cards, why did you put your number on them...why didn't the deputy that took them put their number on them...and why are they on your report sheet?

Created by CGerman

2

Ms. Slaughter: I didn't have another sheet, so I just put them all on mine.

Marty: Ok, we will have to process them, but next time, you must submit them to this office within 5 days. That's per Secretary of State.

Ms. Slaughter: All right.

Marty: Do you know the name of this other volunteer deputy?

Ms. Slaughter: Yes, but I can't think of it off hand. I have it written down at home.

Marty: Will you call me back with that person's name?

Ms. Slaughter: Yes.

Marty: I really need that other person's name. So we can contact them and let them know not to hold applications this long.

Ms. Slaughter: I'll call you tomorrow.

Marty thanked Ms. Slaughter and she departed.



**COPY**



**Paul Bettencourt**

*Harris County Tax Assessor-Collector and Voter Registrar*

November 3, 2000

Ms. Janice Shelvin  
Volunteer Deputy Number Z-1841  
6826 Heath  
Houston, TX 77016

Dear Ms. Shelvin:

Your performance does not conform to your duties as defined by the Texas Election Code, Section 13.042. That section of the Election Code requires a volunteer deputy registrar to deliver in person all completed applications to the registrar not later than 5 p.m. of the fifth day after the date the application is submitted to the volunteer deputy registrar.

Your Volunteer Deputy Number, Z-1841, appears on several Voter Registration Applications currently under challenge. Furthermore, under the terms of Texas Election Code, Section 13.043 you failed to deliver completed Voter Registration Applications in a proper and timely manner. An offense under Section 13.043 is a Class C misdemeanor.

Therefore, your appointment as a volunteer deputy registrar is hereby terminated under the terms of Texas Election Code, Section 13.036 (b).

You must stop all activity as a volunteer deputy registrar immediately and return your certificate of appointment, registration applications, and any other volunteer deputy forms/supplies in your possession to my office no later than the second day after the date you receive this termination notice. From this day forward, any voter registration application received from you will be rejected by my office.

Should you have any questions concerning the matters presented in this letter, please contact Marty Morrison, Director of Voter Registration, at (713) 368-2323.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Bettencourt", is written over the typed name.

Paul Bettencourt  
Tax Assessor-Collector and Voter Registrar  
Harris County, Texas

PB:kil

TX\_00002352



## Paul Bettencourt

Harris County Tax Assessor - Collector

[www.tax.co.harris.tx.us](http://www.tax.co.harris.tx.us)

December 14, 2000

Mr. Jim Britt  
Lieutenant Investigator  
1201 Franklin, Suite 600  
Houston, TX 77002

Subject: **Correction To My Letter Dated 12/08/00**  
Reference: Voter Registration Investigation

Dear Mr. Britt:

Please find copies of the following attached information made available to District Attorney office for the subject investigation:

- 1) Volunteer Deputy Registrar termination letters for Ms. Slaughter and Ms. Shelvin with a U.S. Post Office *return receipts for both*.
- 2) Hearing Notice of Challenge Application minutes for Ms. Sneed, Ms. Williams, and Ms. Zenon in which all three indicated the signature on the latest voter registration card was not their own.
- 3) Copies of *sixty-one* U.S. Post Office certified mail receipts from Harris County Tax Office Voter Registration challenge letter.
- 4) *Twenty-seven* U.S. Post Office Domestic Return Receipts from Item 3, Harris County Tax Office mailing.
- 5) Thirty-four copies of returned certified mail envelopes from Item 3, Harris County Tax Office mailing.

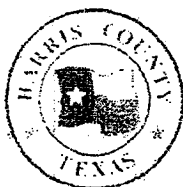
All originals are available for your inspection at any time. Please contact Marty Morrison at 713-368-2323 if you have any further requirements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Bettencourt".

Paul Bettencourt  
Harris County Tax Assessor-Collector

cc: Ms. Marty Morrison, Director Voter Registration – Harris County Tax Office



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

## REQUEST FOR HEARING

I, Chanerial Sneed do hereby request a hearing to determine my eligibility for voter registration.

Chanerial Sneed  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

\_\_\_\_\_  
Printed Name of Person who cannot sign

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Residence Address of Witness

or, Paul Bettencourt 10/30/00  
Title of Witness if an Election Official 2:15 pm

Statement: 2nd Revising used not her signature. First and still valid

## Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

## Instruction to Applicant:

The request for hearing must be submitted to the voter registrar not later than the 10th day after the date of the challenge, which is noted on the form "Notice of Challenge of Application." The voter registrar will mail you a written notice of the date, hour, and place set for the hearing. The hearing will be held not later than the 10th day after the date the hearing request is filed or made or at a later date at your request.

Please mail your request for a hearing to:

The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002

TX\_00002354

JA\_005113

(713) 368-2200

TX\_00002354



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Tessia Zenon, do hereby request a hearing to determine my eligibility for voter registration.

Tessia Zenon  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

Printed Name of Person who cannot sign

Deborah Ann Bell Smith

Printed Name of Witness

Deborah Ann Bell Smith

Signature of Witness

5508 Morwood  
Residence Address of Witness

or,

Paul Bettencourt  
Title of Witness if an Election Official

Statement: 2nd Registration Card NOT HER SIGNATURE. 1st Card Correct

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

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The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002

(713) 368-2200

TX\_00002355  
JA\_005114

TX\_00002355



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

## REQUEST FOR HEARING

I, Patricia Jo Marie Williams do hereby request a hearing to determine my eligibility for voter registration.

Patricia Jo Marie Williams  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

\_\_\_\_\_  
Printed Name of Person who cannot sign

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Residence Address of Witness

or,

Paul Bettencourt  
Title of Witness if an Election Official

Statement: Two Cnd Not Ms Williams not her signature PS

## Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

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Please mail your request for a hearing to:

The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002  
TX\_00002356  
JA\_005115

(713) 368-2200

TX\_00002356



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Ms. Deborah Acosta  
 4210 Cavalcade # 4  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Angela Allen  
 6610 Wileyvale  
 Houston, TX 77028

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Shameka Allen  
 8819 Forest Hollow  
 Houston, TX 77078

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Stephanie Alexander  
 5014 Salina  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Shameka Allen  
 3022 Bringhurst  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage		\$	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees		\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Johnnie Ashworth  
 4218 Wipprecht  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Ieicha Bedford  
 2324 Bringham  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Vanessa Brunch  
 6579 Beeckman  
 Houston, TX 77021

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Brandi Cash  
 9500 Dessau Rd # 1526  
 Austin, TX 78754

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Mamie Cussell  
 4210 Bertwood  
 Houston, TX 77016

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Rosalind Dawett  
 2401 Hutton  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Melissa Deason  
 12842 Bamboo Trail  
 Houston, TX 77044

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by addressee)

Ms. Laura Francis  
 4202 Liberty Rd  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Terry Freeman  
 4202 Liberty Rd.  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Maria Garcia  
 4013 Eddie  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Tomitria Gaston  
 4206 New Orleans  
 Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Bettye Gilford  
 3810 Pickfair  
 Houston, TX 77026

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Adrienne Hall  
 5422 San Juan  
 Houston, TX 77020

TX\_00002359  
 JA\_005118

TX\_00002359

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Mr. Charles Harris  
 5030 Teton  
 Houston, TX 77030

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

**COPY**

Ms. Rachel Hemphill  
 6240 Antoine # 194  
 Houston, TX 77091

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Raquel Hemphill  
 7313 Northline  
 Houston, TX 77076

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Ernestina Hernandez  
 3719 Lila  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Rosa Hernandez  
 2110 Pannell  
 Houston, TX 77026

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Latasha Howard  
 4000 Watonga # 1808  
 Houston, TX 77092

TX 00002360

JA 005119

TX 00002360

7000 0600 0024 3394 6224 6323

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Jennifer Irving 3503 Love Houston, TX 77026	
PS Form 3800, February 2000 See Reverse for Instructions	

7000 0600 0024 3394 6224

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Andera Jackson 4813 Leffingwell Houston, TX 77026	
PS Form 3800, February 2000 See Reverse for Instructions	

COPY

7000 0600 0024 3394 6224 6323

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Ida Jenkins 4817 Wayne Houston, TX 77026	
PS Form 3800, February 2000 See Reverse for Instructions	

7000 0600 0024 3394 6224

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Ollie Jordan 6822 Twetenhaven Houston, TX 77016	
PS Form 3800, February 2000 See Reverse for Instructions	

7000 0600 0024 3394 6224 6323

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Maria Joya 3210 Kashmere Houston, TX 77026	
PS Form 3800, February 2000 See Reverse for Instructions	

7000 0600 0024 3394 6224

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
[Redacted]	
Postage	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> Ms. Stacey Lewis 3108 Memel Houston, TX 77026	
PS Form 3800, February 2000 See Reverse for Instructions	

TX\_00002361

A\_0051

TX\_00002361



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Shanna Marshall  
 3907 Ranch  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

**COPY**

Ms. Regina Mathis  
 5300 Coke # 33  
 Houston, TX 77020

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Joyce McClemore  
 4810 Pickfair  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Juawana McField  
 2822 Greggs  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Andrette McKelvey  
 6826 Heath  
 Houston, TX 77016

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Virginia Melendez  
 3719 Lila  
 Houston, TX 77026

TX\_00002362

JA\_00002362

TX\_00002362

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Ms. Dorothy Mitchell  
 7818 Sandy  
 Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly in the completed by mailer)  
 Ms. Maria Negrette  
 3802 Lee  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Tameka Norton  
 7440 Touchstone  
 Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly in the completed by mailer)  
 Ms. Barbara Oneil  
 6826 Heath  
 Houston, TX 77016

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Erika Palmer  
 4415 Hirsch  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Luora Patrick  
 6202 Spaulding  
 Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

TX\_00002363

IA\_005122

TX\_00002363

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Arlesia Pickens  
 3813 Wipprecht # 3  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Ms. Ina Rankins  
 4421 Noble  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 6385

**COPY**
**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Carnadia Rice  
 4720 Parker Rd # 3  
 Houston, TX 77093

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Chanerl Sneed  
 4302 Sayers  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 5746

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Ms. Marcella Stephens  
 5700 Lost Forest # 1805

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Carolyn Teechia  
 3803 Lila # 4

TX\_00002364  
JA\_005123

9519 6634 3394 4156

TX\_00002364

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Diedra Tyrone  
 8800 Fondren # 208  
 Houston, TX 77074

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Lurice Walton  
 550 Normandy # 2612  
 Houston, TX 77015

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Fannie Ward  
 4014 Lavender # 15  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Deitra Williams  
 6400 Hirsch  
 Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Erica Williams  
 4210 Sharon  
 Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage \$  
 Certified Fee \$  
 Return Receipt Fee (Endorsement Required) \$  
 Restricted Delivery Fee (Endorsement Required) \$  
 Total Postage & Fees \$

Postmark Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Mr. Jerard Williams  
 6610 Wileyvale  
 Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

TX\_00002365  
 JA\_005124

TX\_00002365

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. LaDonna Williams  
 10030 Valley Falls  
 Houston, TX 77078

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

**COPY**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Mr. Paul Williams  
 4813 Leffingwell  
 Houston, TX 77026

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Ms. Ruthie Williams  
 3808 Buck  
 Houston, TX 77020

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Ms. Sirena Williams  
 4210 Sharon  
 Houston, TX 77020

PS Form 3800, February 2000

See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Samantha Wilson  
 4212 Gunter

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Joycelyn Wyatt  
 1919 Runnels

TX\_00002366  
 JA\_0000125

TX\_00002366



7000 0600 0024 3394 1255

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*
**COPY**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

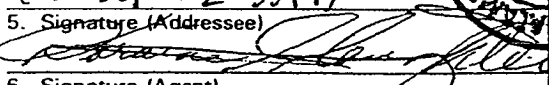
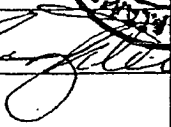
Ms. Tessia Zenon  
2706 Staples  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

TX\_00002367  
JA\_005126

TX\_00002367

**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Doraine Slaughter 3438 Tidewater Dr. Houston, TX 77045  (Vol. Dep. # 2-3347)		4a. Article Number 7000 0000 0024 3394 4565 Service Type Registered <input type="checkbox"/> Insured Certified <input type="checkbox"/> COD Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Date of Delivery	
5. Signature (Addressee) 		Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

 TX\_00002368  
 JA\_005127

TX\_00002368